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1 heavy objects or have a bump in your blood 13:47:12
 2 pressure to have a rebleed. The sentinel bleed is 13:47:15
 3 stopped by a very fragile little clot that -- 13:47:18
 4 normal physiologic mechanisms dissolve that clot. 13:47:23
 5 That is the normal thing that bodies do. They 13:47:28
 6 dissolve clots that form in your system. 13:47:32
 7 **Q. But certainly a patient is more** 13:47:35
 8 **likely to rebleed if they do something that** 13:47:37
 9 **could --** 13:47:39
 10 A. That certainly could increase your 13:47:39
 11 chances of rebleeding, but as statistics will 13:47:41
 12 show, rebleeding happens many times even in 13:47:47
 13 patients who are hospitalized in medical centers 13:47:52
 14 with aneurysm care of the latest variety before 13:47:55
 15 they get to surgery. It happens. There doesn't 13:48:00
 16 have to be a causative incident to make them 13:48:05
 17 rebleed. 13:48:09
 18 **Q. But certainly there could be a** 13:48:09
 19 **causative incident that does cause rebleeding?** 13:48:10
 20 A. Yes. 13:48:14
 21 **Q. For instance, a patient exerting** 13:48:14
 22 **himself, that could cause a rebleed; isn't that** 13:48:16
 23 **right?** 13:48:18
 24 A. It could be, yes. 13:48:18
 25 **Q. Before you go on, let me just make** 13:48:20

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1 **of the patient with a subarachnoid bleed, does** 13:49:43
 2 **that influence at all whether or not a patient** 13:49:45
 3 **rebleeds?** 13:49:47
 4 A. Well, only to the extent that, as 13:49:48
 5 you said earlier, you are keeping him in bed and 13:49:52
 6 trying to prevent him from vomiting so he doesn't 13:49:55
 7 raise his pressure. You prevent his blood 13:49:58
 8 pressure from jumping up. You can do things to 13:50:01
 9 try and minimize outside factors from causing a 13:50:03
 10 rebleed, but rebleeding is inevitable in a certain 13:50:10
 11 percentage of cases no matter what you do and 13:50:15
 12 where you are treated and how you are treated. 13:50:17
 13 **Q. Do you know what the percentage --** 13:50:19
 14 **that percentage of cases is?** 13:50:21
 15 A. No. I can't quote the number. 13:50:22
 16 **Q. Do you know whether or not it's** 13:50:24
 17 **less than 50 percent?** 13:50:26
 18 A. Well, it probably is, but, I mean, 13:50:27
 19 that is -- it's hard to quote a number because it 13:50:33
 20 depends on what time frame you are talking about. 13:50:37
 21 Are you talking about in 24 hours or in 72 hours 13:50:40
 22 or ten days? I mean, some centers, you know, will 13:50:43
 23 sit on patients for ten days and then operate, you 13:50:52
 24 know, and their incidence of rebleeding is 13:50:54
 25 significant in that time. If you operate in the 13:50:58

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1 **sure that I followed up on that.** 13:48:30
 2 **Had he been diagnosed with a** 13:48:31
 3 **subarachnoid hemorrhage in the morning when he** 13:48:40
 4 **presented at the Alaska Native Medical Center** 13:48:44
 5 **Emergency Department, his best Hunt-Hess grade at** 13:48:47
 6 **that point would have been a 1; isn't that right?** 13:48:52
 7 A. That's right. 13:48:53
 8 **Q. And, in fact, his worst Hunt-Hess** 13:48:54
 9 **grading system would have been a 1; isn't that** 13:48:59
 10 **right? Certainly at that time in the morning had** 13:49:01
 11 **he been diagnosed --** 13:49:03
 12 A. Well, at 8:00 in morning, yeah. 13:49:03
 13 But that is irrelevant. What I am saying is what 13:49:05
 14 is relevant is his worst grade prior to treating 13:49:09
 15 the aneurysm. Okay. I am saying that -- 13:49:13
 16 **Q. And you define treatment, then, in** 13:49:19
 17 **that instance as surgery?** 13:49:21
 18 A. Surgery or interventional coiling. 13:49:22
 19 **Q. But not medical treatment?** 13:49:25
 20 A. That's right, because medical 13:49:29
 21 treatment can't stop bleeding. 13:49:30
 22 **Q. Can it -- does it change -- let me** 13:49:35
 23 **make sure I understand that.** 13:49:37
 24 **Does it change at all? Medical** 13:49:39
 25 **treatment, that is, preoperative medical treatment** 13:49:40

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1 first 72 hours, it's less. 13:50:59
 2 But so, in quoting a number, it has to 13:51:01
 3 be tied in to how many days you are talking, over 13:51:06
 4 what period of time from the initial bleed. 13:51:09
 5 **Q. Do you have an opinion as to when** 13:51:10
 6 **Mr. Allen rebleed on the date of the -- on the** 13:51:12
 7 **19th?** 13:51:16
 8 A. Well, I can only say that it likely 13:51:16
 9 happened sometime between the time he laid down 13:51:21
 10 and went to sleep, which was, what, about -- was 13:51:25
 11 it 1:00 or 1:30? I mean, there are little 13:51:29
 12 discrepancies in the time frame, I think, from the 13:51:32
 13 different stories, but basically, I think it's 13:51:37
 14 somewhere around 1:00 or 1:30 in the afternoon 13:51:39
 15 that he went to sleep, and she went out for 13:51:42
 16 McDonald's or something and then came back. But 13:51:46
 17 sometime between there and, say, 3:00 or 4:00, I 13:51:49
 18 would say. 13:51:53
 19 **Q. Why do you say there -- the time,** 13:51:54
 20 **whatever time he laid down, to 3:00 or 4:00?** 13:51:56
 21 A. Well -- 13:52:00
 22 **Q. I am focused on the 3:00 or 4:00** 13:52:01
 23 **part.** 13:52:03
 24 A. Yeah. I am assuming that when he 13:52:03
 25 had the sonorous or stertorous breathing, that -- 13:52:05

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